



State of Tennessee Department of Children's Services

Administrative Policies and Procedures: 4.24

Subject: Workers' Compensation Claims

Supersedes: DYD 3.37, 01/01/95

Local Policy: No

Local Procedures: No

Training Required: No

Approved by:

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Application

To All employees of the Department of Children's Services.

Authority: TCA 37-5-106

Policy

An injured employee or the estate of a deceased employee of the Department of Children's Services may file a worker's compensation claim with the Division of Claims Administration within one year of the date of the injury or death. No employee shall be refused the right to file a worker's compensation claim.

Procedures

A. Notification of work related injury and filing accident report

1. An injured employee must notify his supervisor immediately that he/she has sustained a work related injury.
2. An initial accident report, Form TR-0231, *Accident Report, State of Tennessee, Division of Claims Administration*, must be completed and signed if possible by the injured employee and signed by the supervisor no later than the end of the work day on the date of the injury.
3. The initial report will be submitted to Sedgwick James of Tennessee (Case Management Provider) and DCS Central Office Personnel the day of the injury (8:00 a.m. to 4:30 p.m.), or at the start of the next working day for after hour injuries. If the employee cannot submit the initial report, it will be submitted by a designated supervisor or member of the facility or institutional staff.

4. The initial report is to report the injury and start the case file. It is not expected to be "perfect and complete" with all final details stated.

B. Initial accident report

1. The initial accident report must include at a minimum, the following:
 - a) Employee's name
 - b) Employee's home address
 - c) Social Security number
 - d) Day time phone number
 - e) Agency name
 - f) Date of injury
 - g) As detailed an explanation of injury and how it occurred as possible
2. Following the initial report, the employee is responsible for completing a detailed Accident Report within 48-72 hours. If a child/youth was involved in the injury of the employee an *Incident Report* form, CS-0311, will be completed. These will be attached as exhibits with the accident report. The employee's supervisor will complete these reports if the employee is incapacitated. Details that are required:
 - a) **Who** was involved? All persons/employees; witnesses; no child/youth names are needed- just number of students;
 - b) **What** happened?
 - c) **When** did it happen? (Date/Time (shift))
 - d) **Where** did it happen? (Facility; location within facility)
 - e) **How** did the accident happen? (Events and details)
 - f) **Why** did the accident happen? (Conclusions)
3. If an employee sustains an injury other than a life threatening emergency, they must use a provider from the State's Network of Medical Providers Listing (USA WIN). A list of medical providers must be posted and made accessible to all employees at all times including evenings and weekends shifts. Employee's medical claims and claim for lost time payment will be denied if treated by medical providers other than those identified in the State's Network Medical Provider's Listing.

A medical narrative must be completed by the treating medical provider. The medical narrative must include, at a minimum the following:

- a) Name of injured party
 - b) Date of initial treatment for the work related injury
 - c) Accurate description and extent of injury and diagnosis (any restrictions, if applicable)
 - d) Length of disability (estimated) or date of next treatment
- 4. The medical narrative must be sent to DCS Personnel Board of Claims Coordinator and to Sedgwick James of Tennessee with the detailed reports.
 - 5. All claims must be filed by the employee or the estate of a deceased employee with the Division of Claims Administration within one year of the date of the injury or death.

C. Employee's inability to work due to work related injury

If the employee is unable to work due to a work related injury, he/she is eligible for lost time compensation. (Refer to the [Personnel Resource Manual - Attendance and Leave Manual, Division of Claims Administration Leave](#) (page 67, paragraphs 1 and 2).

D. Determination on assault injuries

Determination on assault injury will be made by central office personnel in coordination with the superintendent, regional administrator or community residential facilities director, with the approval of the Department of Personnel and Finance and Administration. (Refer to the [Personnel Resource Manual, Attendance and Leave Manual, Division of Claims Administration Leave](#), Authority: TCA 4-7-117).

E. Monitoring of reporting of accident claims

The DCS Personnel Division will monitor reporting of claims, payment processing of lost time compensation and assault injury, medical narratives for excused absences and return to work status.

Forms

CS-0311	Incident Report
TR-0231	Accident Report, State of Tennessee - Division of Claims Administration

Collateral Documents

Personnel Resource Manual

Standards

None